

Commonwealth of Massachusetts Department of Public Safety APPEAL OF CIVIL FINE

Please send appeal form to:

Department of Public Safety, Civil Fine Enforcement Program Coordinator, 1 Ashburton Place, Room 1301, Boston, MA 02108

Name: (First)	ame: (First)		(Last) (Middl		le)	
Address: (Street)	(Apt.)	(City)	(State) (Zip Code)		
	(F)	(- 3.5)	(21111	(-17 11)		
Telephone number:		Email address:				
reteptione number:		Eman address:				
Date of Violation:	Ticl	ket # (on upper right co	orner of ticket):	Elevator State ID # (i)	f applicable):	
			-			
This is an appeal of a (chec	k one): Firs	t offense Seco	ond offense	Third or subsequen	t offense	
Please list the regulation(s)	and/or statute(s)	you were found in vi	olation of:			
Please explain why you are	appealing the iss	sued violation (attach	additional shee	ets if necessary):		
rease explain will you are	appearing the is	sucu violution (uttuen	additional silve	ns ii necessary).		
		 				
Check here if applicable): to act as						
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epresentative at my appeal	l hearing.					
-rseminative at my appear						
	G :			Ditt		
	Signature: _			Date:		

To file an appeal this entire form **MUST** be completed in its entirety and mailed to:

Department of Public Safety Civil Fine Enforcement Program Coordinator One Ashburton Place, Room 1301 Boston, MA 02108

Please note that incomplete forms will be returned to you. Failure to file an appeal within 120 days of receipt of the notice of violation will result in a waiver of such right and all fines set forth in said notice shall be imposed.

Payment of all fines is due within 120 days of receipt of the notice of violation. Failure to pay or appeal any violation within the 120 day time period may result in prohibition from renewal of any license held by the alleged violator, prohibition from sitting for any examination required to renew a license until payment is received, and/or any and all other remedies available to the Department, and will result in the Department referring all outstanding debts to the Office of the State Comptroller which is authorized to initiate collection proceedings in accordance with M.G.L. c. 7A, § 3; M.G.L. c. 7A, § 18 and 815 CMR 9.00.

Payment **MUST** be made in the form of check or money order made out to the Department of Public Safety. Cash will not be accepted. All payments should be mailed to the address listed above.